

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 68

Office of Registrar of Vital Statistics.

Ward 6<sup>4</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. D

Date of Death, 27. 6. 87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Victor Rhode

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 1748 Belair Ave Balt.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give Street and Number. } Baltimore 1748 Gay St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera infantum & pneumonia

Duration of Last Sickness, ONE WEEK

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery Park Road

Date of Burial, June 28<sup>th</sup>

Undertaker, Geo Schilling

Place of Business, Carroll Square

Louis K. Horn

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this page.

# Health Department, City of Baltimore.

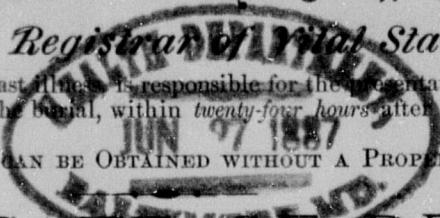
Permit No. **A 682**

Office of Registrar of Vital Statistics.

Ward **15**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death,

**June 25<sup>th</sup> 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

**Alexander Wilson**

Sex, Male or Female, { Cross out the word not required in this line. }

**Male**

Age,

Years,

**4**

Months,

Days.

Color, **Color**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, **none**

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

**Baltimore**

Duration of Residence in the City of Baltimore, **life**

Place of Death, { Give Street and Number. }

**1130 Clarkson alley**

Cause of Death, { First (Primary),

**Thrush**

Second (Immediate),

Duration of Last Sickness, **all its life**

All the above information should be furnished by the Physician.

Place of Burial, **Sharp St cemetery**

Date of Burial, **June 27 1887**

{ Undertaker, **S. W. Chase**

**M. D.**

{ Place of Business, **S. Howard & Son**

**Carroll St.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

**H. C. Seward, S. G.**

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

# Health Department, City of Baltimore.

Permit No. **A. 683**

Office of Registrar of Vital Statistics.

Ward **15**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1887  
BALTIMORE

**C**

## CERTIFICATE OF DEATH.

Date of Death,

June 26<sup>th</sup> /87

*Peter Jennings*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, **Years**, Months, **7** Days.

Color, **Colored**

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, **None**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, **Life**

Place of Death, { Give Street and Number. } 150 W. E. 25th Street

Cause of Death, { First (Primary), **Elelampsia** Second (Immediate), **9 days** }

Duration of Last Sickness, **9 days**

All the above information should be furnished by the Physician.

Place of Burial, **Laurel cemetery**

Date of Burial, **June 27 /87**

{ Undertaker, **H. Ross**

{ Place of Business,

*James Stearns*

**M. D.**

Address, **Cawf B & R**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

*H. C. Seward, Jr.*

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

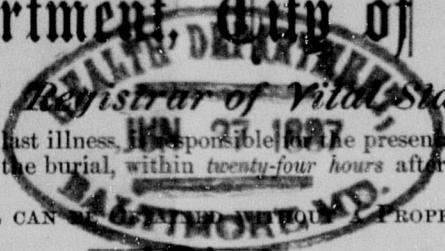
Permit No. 684

Office of Registrar of Vital Statistics.

Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH. C

Date of Death, June 26th, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Herman Trost

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 5 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. }

# 508 S. Bond St

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. John's Cemetery

Date of Burial, June 27th 1887 John H. Pellegrin M. D.

Undertaker, John H. Pellegrin Medical Attendant.

Place of Business, 1732 Albion Address, # 1709 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. **A**

185

Office of Registrar of Vital Statistics.

Ward 108

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

June 26 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

~~Not named~~ Otto Marchant

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Months,

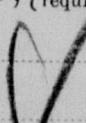
Hours Days

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

x

Occupation,



116 Clay Street Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

x

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

116 Clay St Baltimore

Cause of Death, { First (Primary), .....

} Second (Immediate), .....

asthma

Duration of Last Sickness,

Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 27 the 1887

Undertaker, Felix S. Hawk

A. Friedewall

M. D.

Medical Attendant.

Place of Business, 1732 Oliver Street

Address, 88310 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. **A 686** Office of Registration of Vital Statistics. Ward **18<sup>th</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, ~~within twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, **June 26<sup>th</sup> 1887**

Full Name of Deceased, **Willie Dwyer** { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not } required in this line.

Age, **10** Years, **8** Months, **8** Days.

Color, **White**

Married, Single, **Widow or Widower**, { Cross out the words not } required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, } if of foreign birth.

**Baltimore City**

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

**17 Washington Ave**

Cause of Death, { First (Primary),  
Second (Immediate), }

**Cholera Inf**

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, **Holy Cross**

Date of Burial, **June 27, 1887**

**R. C. Smith**

**M. D.**

Undertaker, **J. F. Cowan**

Medical Attendant.

Place of Business, **Hollins & Coffelt**

Address, **677 Calvert St**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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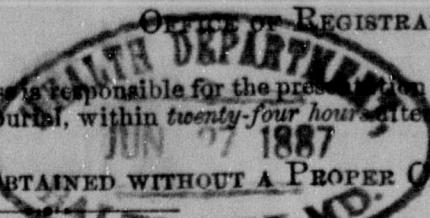
## Board of Health, City of Baltimore

Permit No. *A 687*

REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, *June 26 1887.*Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *James Garrison*

Sex, Male or Female, { cross out the word not required in this line. }

Age, *16 Years,* 3 Months, Days.Color, *Colored*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *Laborer*Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Calvert County Md*Duration of Residence in the City of Baltimore, *Three years*Place of Death, { Give street and number } *706 Vincent Alley*Cause of Death, { First, (Primary) } *Mysis Malarial Fever*

Second, (Immediate)

Duration of last Sickness, *Two weeks.* came to Baltimore from the country, died two days after he arrived, this is all I can learn about the case.

All the above information should be furnished by the Physician.

Place of Burial, *Sharp's Cemetery*Date of Burial, *July 27 1887*Undertaker, *William Burns*Place of Business, *150 Fort St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

# Health Department, City of Baltimore.

Permit No. **A 188**

Office of Registrar of Vital Statistics.

Ward **184**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours, for the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1887

## CERTIFICATE OF DEATH. **B**

Date of Death, **June 26 1887**

Full Name of Deceased, **John Everitt** { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, **Male** { Cross out the word not required in this line. }

Age, **7** Years, **7** Months, **Days.**

Color, **white**

Married, Single, Widow or Widower, **Single** { Cross out the words not required in this line. }

Occupation, **Balto**

Birth Place, **Baltimore** { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, **1136 Scott St**

Place of Death, **1136 Scott St** { Give Street and Number. }

Cause of Death, **Cholera Infantum** { First (Primary), **Cholera Infantum** Second (Immediate), **Cholera Infantum** }

Duration of Last Sickness, **24 hours**

All the above information should be furnished by the Physician.

Place of Burial, **Western Cem.**

Date of Burial, **June 28 1887** **Geo R Graham M. D.**

Undertaker, **J. B. Cook**

Medical Attendant.

Place of Business, **1003 W. Baltimore St., 25 Columbia Ave.**

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

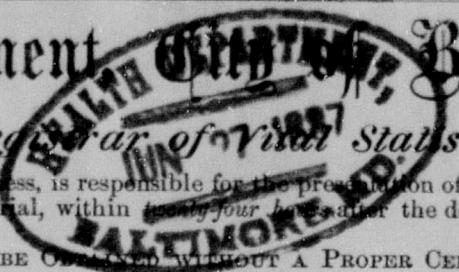
[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department Baltimore.

Permit No. A 689

Office of Registrar of Vital Statistics. Ward 18<sup>th</sup>



The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, 26<sup>th</sup> June 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Wilhelm Gross

Sex, Male or Female, { Cross out the word not } Male

Age, 50 Years, 8 Months, 10 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 813 Scott St

Duration of Residence in the City of Baltimore, 8 months

Place of Death, { Give Street and Number. } 813 Scott St

Cause of Death, { First (Primary), Second (Immediate), } fever liver a few days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 27<sup>th</sup> 1889

Undertaker, J. J. Wills

Place of Business, 746 Columbia St

D. W. Goldmann

M. D.

Medical Attendant.

284 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

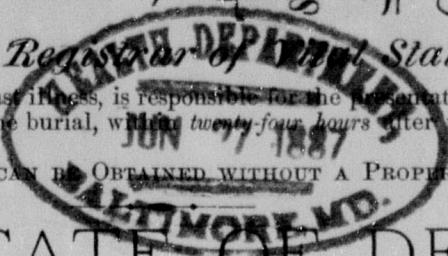
Permit No. *A 690*

Office of Registrar of Vital Statistics.

Ward *8*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



*B*

## CERTIFICATE OF DEATH.

Date of Death, *June 24<sup>th</sup>*

Full Name of Deceased, *John Rooney* Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Cross out the word not required in this line. *Male*

Age, *23* Years, Months, Days.

Color, *white*

Married, Single, Widow or Widower, Cross out the words not required in this line. *Single*

Occupation, *Blacksmith*

Birth Place, State or country, and how long in the United States, if of foreign birth. *Baclo*

Duration of Residence in the City of Baltimore, *10 yrs*

Place of Death, Give Street and Number. *McTigue 16*

Cause of Death, First (Primary), Second (Immediate), *Morbus*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *St. Patrick's Cemetery*

Date of Burial, *June 26<sup>th</sup>* *Geo B Reynolds M. D.*

Undertaker, *H. C. Weidfeld*

Medical Attendant.

Place of Business, *916 Greenmount* Address, *712 Calvert*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]